# CERTIFICATION FOR INDIRECT COST RATE

	O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0487	1	Helena Elem		25	EL
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.)	(X%) of a percent.)
	Complete and submit wo submitted for the electory of your rate.				-
This is to certify tha knowledge and beli	t I have reviewed the in ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accordance A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply ar ve been adju	nd OMB Circular
casual relationship accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and cor	Further, the same of addition, similar type notified of any accounts.	reements to which osts that have been of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address of 55 South Rodney		
Printed Name of A	uthorized Official		City		ip Code
			Helena	5	96015763
Title			Date		
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	truction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	004	Date Approved		
			Signature		

## **CERTIFICATION FOR INDIRECT COST RATE**

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0488	1	Helena H S		25	HS
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit we submitted for the electory or an arms.				
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirement es for State and Local on the attached Predete	ents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar ve been adju	nd OMB Circular
casual relationship I accordance with aphave not been claim and the Office of Pupredetermined rate.	d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be pregoing is true and corregoing is true and corregoing is true and correct the struction will be pregoing is true and correct the struction will be pregoing is true and correct the struction will be pregoing is true and correct the structure.	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have been of costs have be	they are allo en treated as een accounte	ocated in s indirect costs ed for consistently
	ct Superintendent or		Street Address		
Printed Name of A	uthorized Official		55 South Rodney City		Zip Code
			Helena	5	596015763
Title			Date	l .	
Send com	npleted form to: School Accounting a Office of Public Inst PO Box 202501 Helena, MT 59620-	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	04	Date Approved		
			Signature		

## **CERTIFICATION FOR INDIRECT COST RATE**

Н	O Box 202501 lelena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name	County	Level	
0491	4	Trinity Elem	25	EL	
Proposed Restric	ted Indirect Cost Rate	<b>e</b> % (Rou	nd to nearest hundredth (>	(.XX%) of a percent.)	
	oe submitted for the ele	rith one copy of each appermentary and high schoo			
This is to certify tha knowledge and beli		ndirect cost rate proposal	submitted herewith and	to the best of my	
allowable in accordance A-87, "Cost Principle	ance with the requirem es for State and Local	tablish the final indirect of ents of the Federal awar Governments." Unallow rmined Indirect Cost Allo	d(s) to which they apply able costs have been ad	and OMB Circular	
casual relationship accordance with ap have not been clain	between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be	roperly allocable to Fede incurred and the agreem Further, the same costs addition, similar types of notified of any accounting	ents to which they are a that have been treated a costs have been accour	Illocated in as indirect costs nted for consistently	
	readilla is true aria con	1001.			
Chairperson	ct Superintendent or		eet Address or P.O. Bo	x	
Chairperson	ct Superintendent or	Board Str.	Box 523		
_	ct Superintendent or	Board Str. PO City	Box 523	Zip Code	
Chairperson	ct Superintendent or	Board Str. PO City	Box 523  yon Creek		
Chairperson  Printed Name of A	ct Superintendent or	Board Str. PO City	Box 523  yon Creek	Zip Code	
Chairperson  Printed Name of A  Title	ct Superintendent or	Board Str. PO City Car Date and Budgeting ruction	Box 523  yon Creek	Zip Code	
Chairperson  Printed Name of A  Title  Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	Board Str. PO City Car Date and Budgeting ruction	Box 523  /  nyon Creek  e	<b>Zip Code</b> 59633	
Chairperson  Printed Name of A  Title  Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	Board Str. PO City Car Date  And Budgeting ruction -2501  R THE SUPERINTENDE	Box 523  /  nyon Creek  e	<b>Zip Code</b> 59633	

## **CERTIFICATION FOR INDIRECT COST RATE**

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0492	9	East Helena Elem		25	EL
Proposed Restric	ted Indirect Cost Rat	te%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit vole submitted for the electory of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the i ef:	ndirect cost rate prop	oosal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirent es for State and Local on the attached Predete	nents of the Federal a Governments." Una	award(s) to which tallowable costs have	they apply a ve been adju	nd OMB Circular
casual relationship I accordance with apphave not been claim and the Office of Pupredetermined rate.	d in the proposal are posted between the expenses plicable requirements. In the das direct costs. In a libic Instruction will be regoing is true and content of the dashed the district of the	s incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have been es of costs have be	they are allow treated as een account	ocated in s indirect costs ed for consistently
	ct Superintendent or		Street Address	or P.O. Box	
Printed Name of A	uthorized Official		PO Box 1280 City	Z	Zip Code
			East Helena	5	59635
Title			Date		
Send com	npleted form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	truction			
ACCEPTED	AND APPROVED FO	OR THE SUPERINTE	NDENT OF PUBI	LIC INSTRU	CTION BY:
Ap	proved Rate for FY20	004	Date Approved		
			Signature		

## **CERTIFICATION FOR INDIRECT COST RATE**

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0495	13	Wolf Creek Elem		25	EL
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.2	XX%) of a percent.)
	Complete and submit vote submitted for the electrical of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the i ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	nents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply a ve been adju	nd OMB Circular
casual relationship I accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are posted between the expenses plicable requirements. In the das direct costs. In ablic Instruction will be regoing is true and corregoing is true and correct the district of the district	s incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have been of costs have be	they are allowed they are allowed they are allowed they are allowed to the are allowed to	ocated in s indirect costs ed for consistently
	ct Superintendent or		Street Address		
Printed Name of A	uthorized Official		c/o B J Young Bo		Zip Code
			Wolf Creek	5	9648
Title			Date		
Send com	npleted form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	truction			
ACCEPTED	AND APPROVED FO	OR THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	004	Date Approved		
			Signature		

# Office of Public Instruction Linda McCulloch,

# CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0497	25	Craig Elem		25	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X	X%) of a percent.)
	Complete and submit we submitted for the electory of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the in ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirement es for State and Local on the attached Predeter	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply and ve been adjus	d OMB Circular
casual relationship to accordance with apply have not been claim and the Office of Pupredetermined rate.	d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and corr	incurred and the agi Further, the same c addition, similar type notified of any accou	reements to which osts that have been so of costs have be	they are allooen treated as in the accounted a	cated in indirect costs differ consistently
Signature of Distri	ct Superintendent or		Street Address	or P.O. Box	
Chairperson			375 Augusta Stre	et	
Printed Name of A	uthorized Official		City		p Code
			Craig	59	6488738
Title			Date		
Send com	npleted form to: School Accounting a Office of Public Inst PO Box 202501 Helena, MT 59620-	ruction			
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	LIC INSTRUC	TION BY:
Арі	proved Rate for FY20	04	Date Approved		
		ļ	Signature		

# CERTIFICATION FOR INDIRECT COST RATE

	O Box 202501 lelena, MT 59620-2501	Due May 31, 2004				
Legal Entity #	School Dist. #	School Name	County	Level		
0498	27	Auchard Creek Elem	25	EL		
Proposed Restric	ted Indirect Cost Rat	e% (Round to	nearest hundredth (X.	XX%) of a percent.)		
	e submitted for the ele	vith one copy of each application ementary and high school distr				
This is to certify tha knowledge and beli		ndirect cost rate proposal subr	nitted herewith and t	o the best of my		
allowable in accorda	ance with the requiremes for State and Local	stablish the final indirect cost rate in the final indirect cost rate in the federal award(s) to Governments." Unallowable cormined Indirect Cost Allocation	o which they apply a costs have been adju	nd OMB Circular		
casual relationship accordance with ap have not been claim and the Office of Pupredetermined rate.	between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be	properly allocable to Federal available incurred and the agreements Further, the same costs that addition, similar types of costs notified of any accounting cha	to which they are all have been treated as s have been account	ocated in s indirect costs ed for consistently		
	regoing is true and cor ct Superintendent or	Board Street A	ddress or P.O. Box			
Printed Name of A	uthorized Official	9605 Hw City		Zip Code		
		Wolf Cro		· 596488637		
Title		Date	CCK			
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	truction				
ACCEPTED	AND APPROVED FO	OR THE SUPERINTENDENT (	OF PUBLIC INSTRU	CTION BY:		
An	ACCEPTED AND APPROVED FOR THE SUPERI		proved			
, .b	proved Rate for FY20	004				

## **CERTIFICATION FOR INDIRECT COST RATE**

P	O Box 202501 lelena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0502	45	Augusta Elem		25	EL
Proposed Restric	ted Indirect Cost Ra	te%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit on submit of submitted for the election oval of your rate.				
This is to certify tha knowledge and beli	t I have reviewed the ef:	indirect cost rate prop	oosal submitted he	erewith and to	o the best of my
allowable in accordance A-87, "Cost Principle	d in this proposal to e ance with the requiren es for State and Loca n the attached Predete	nents of the Federal a I Governments." Una	award(s) to which allowable costs have	they apply a ve been adju	nd OMB Circular
casual relationship accordance with ap have not been clain and the Office of Pu predetermined rate.	d in the proposal are pletween the expenses plicable requirements ned as direct costs. In ablic Instruction will be regoing is true and co	s incurred and the ag . Further, the same of addition, similar type anotified of any accor	reements to which costs that have been es of costs have be	they are allo en treated as een account	ocated in s indirect costs ed for consistently
Signature of Distri Chairperson	ct Superintendent o	r Board	Street Address	or P.O. Box	
Printed Name of A	uthorized Official		PO Box 307 City	Z	Zip Code
			Augusta	5	9410
Title			Date	·	
Send con	npleted form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	struction			
ACCEPTED	AND APPROVED FO	OR THE SUPERINTE	NDENT OF PUBI	LIC INSTRU	CTION BY:
Ар	proved Rate for FY2	004	Date Approved		
			Signature		

# CERTIFICATION FOR INDIRECT COST RATE

	PO Box 202501 Helena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0503	45	Augusta H S		25	HS
Proposed Restric	cted Indirect Cost Rat	te%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit we submit we submitted for the electric oval of your rate.				•
This is to certify that knowledge and beli	t I have reviewed the i ef:	ndirect cost rate prop	oosal submitted he	rewith and to	o the best of my
allowable in accord A-87, "Cost Princip	ed in this proposal to estance with the requirent les for State and Local In the attached Predete	nents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar ve been adju	nd OMB Circular
casual relationship accordance with ap have not been clair and the Office of Popredetermined rate	ed in the proposal are posted in the proposal are posted between the expenses oplicable requirements. In the contraction will be the contraction will be the contraction of the contract	s incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have beens of costs have be	they are allo en treated as een account	ocated in s indirect costs ed for consistently
Signature of Distr Chairperson	ict Superintendent or	Board	Street Address	or P.O. Box	
Printed Name of A	uthorized Official		PO Box 307 City	Z	Zip Code
			Augusta	5	9410
Title			Date		
Send cor	npleted form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	truction			
ACCEPTED	AND APPROVED FO	OR THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	004	Date Approved		
			Signature		

# CERTIFICATION FOR INDIRECT COST RATE

Due May 31, 2004				
School Name	County	Level		
Lincoln K-12 Schools	25	K12		
<b>e</b> % (Round to ne	arest hundredth (X.)	XX%) of a percent.)		
ndirect cost rate proposal submitt	ed herewith and to	o the best of my		
ents of the Federal award(s) to w Governments." Unallowable cos	hich they apply ar ts have been adju	nd OMB Circular		
incurred and the agreements to Further, the same costs that have addition, similar types of costs had notified of any accounting change	which they are allowed the work they are allowed as we been accounted as we been accounted the work are allowed as the work ar	ocated in s indirect costs ed for consistently		
rect.  Board Street Add	ress or P.O. Box			
	ress or P.O. Box			
Board Street Add		ip Code		
Board Street Add PO Box 39 City Lincoln	Z			
Board Street Add PO Box 39 City	Z	Zip Code		
Board Street Add PO Box 39 City Lincoln	Z	Zip Code		
Board  PO Box 39  City  Lincoln  Date  and Budgeting ruction	<b>Z</b>	<b>Eip Code</b> 19639		
Board Street Add PO Box 39 City Lincoln Date  and Budgeting ruction -2501	PUBLIC INSTRUC	<b>Eip Code</b> 19639		
	Lincoln K-12 Schools  e% (Round to nearly the one copy of each application ementary and high school district.  Indirect cost rate proposal submitted tablish the final indirect cost rate ents of the Federal award(s) to we Governments." Unallowable cost rate incurred Indirect Cost Allocation - roperly allocable to Federal award incurred and the agreements to Further, the same costs that have addition, similar types of costs have			